REF: UoE/DVC_ASA/BPGS/AD/1

Director, Board of Postgraduate studies
P.O. Box 1125 – 30100, ELDORET, Kenya
www.uoeld.ac.ke
email: bpgs@uoeld.ac.ke

APPLICANT TO AFFIX RECENT PASSPORT SIZE PHOTOGRAPH OF SELF HERE

BOARD OF POSTGRADUATE STUDIES

APPLICATION FOR POSTGRADUATE STUDIES

Type or complete in Block letters. Three copies of the form should be completed and submitted to the Director, Board of Postgraduate Studies after payment of the requisite processing fees.

SECTION A: Personal Details of the Applicant

A1.Name: .....

(Last Name; Surname) (Other Names)

A2. Current Mailing Address: .....

Telephone No. : .....Email Address: .....

A3. Permanent Address (if different from the current address):
.....

A4. Date of Birth: ..... Gender: .....

A5. Citizenship: [e.g. Kenyan) .....] ID/PP No: .....

A6. Marital Status: Married ☐ Single ☐ Other (specify) ☐……

SECTION B: Programme Details

B1. The Programme/Higher degree applied for:

i. Name of Programme/Degree: .....

ii. Department: .....

iii. School/Faculty: .....

iv. Division (where applicable): .....

v. Field of study (e.g. Parasitology): .....

B2. Mode of study: Full time ☐ Part-time ☐ Sandwich ☐

B3. Date of commencement of study: .....

B4. State other institution(s) where part of the study will be done in addition to the University; and WHY .....

B.5 State how you intend to finance your studies (Scholarship, self, etc):
.....

B6. Name two persons who are prepared to act as your referees, and are well placed to report on your potential as a postgraduate student in your chosen field of study and preferably should have been your lecturers in earlier degree courses. You should request each one of them to fill in the confidential report form (REF: UoE/DVC_ASA/BPGS/AD/2) and submit it directly to: Director, Board of Postgraduate studies, email: bpgs@uoeld.ac.ke.

i. Name: .....

   a. Address: .....

   b. Phone number: ..... Email address: .....

ii. Name: .....

   a. Address: .....

   b. Phone number: ..... Email address: .....

SECTION C: Academic Training, Professional Details and Employment History (attach certified copies of academic certificates, transcripts and relevant professional testimonials)

C1. Academic training

S/No.	Academic Qualification (e.g. KCSE, Dip, B.Sc)	Name of Institution	Years		
			From	To	Date of Graduation
1					
2					
3					
4					
5					
6					
7					

C2. Professional Details

S/No.	Professonal Qualification (e.g. CPA(K))	Professional Examining Body (e.g. KASNEB/ KNEC/ University)	Date obtained
1			
2			
3			
4			
5			
6			
7			

C3. Research experience (if any): List the research project(s), publications, research reports, dissertation, thesis, starting with the most recent).

(i) .....
(ii) .....
(iii) .....
(iv).....

C4: Employment History (List the recent three)

S/No.	Name of Employer	Position	From	To
1				
2				
3				

SECTION D: Recommendations (For Official Use Only)

D1. Recommendation by the Departmental Graduate Studies Committee

(i) ACCEPT ☐ REJECT ☐

(ii) If rejected, state the reason: .....
Vide Minute No: .....of: .....

(iii) Proposed supervisors and their specialization:

a. .....

b. .....

c. .....

(iv) Signed by Chairperson, Departmental Graduate Studies Committee (DGSC):

..... Date: .....

D2. Recommendation by the School/Faculty Graduate Studies Committee (SGSC):

(i) ACCEPT ☐ REJECT ☐

(ii) If rejected, state the reason: .....

(iii) Vide Minute No: .....of: .....

(iv) Signed by Chairperson, School/Faculty Postgraduate Studies Committee (SPGC):

..... Date: .....

D3. Recommendation by the Board of Postgraduate Studies:

(i) ACCEPT ☐ REJECT ☐

(ii) If rejected, state the reason: .....

(iii) Vide Minute No: ….....of: ….....

(iv) Registered with effect from: .....Academic Year: .....

(v) Signed by Director: ..... Date: .....

BPGS Stamp